



**Nursing Home Conditions in the District of Columbia:
Many Homes Fail to Meet Federal Standards for Adequate Care**

Prepared for Congresswoman Eleanor Holmes Norton

**Minority Staff
Special Investigations Division
Committee on Government Reform
U.S. House of Representatives**

January 7, 2002

Table of Contents

Executive Summary.....	1
A. Methodology	1
B. Findings	2
I. Growing Concerns about Nursing Home Conditions	4
II. Methodology	7
A. Determination of Compliance Status	7
B. Analysis of Health Department Inspection Reports	8
C. Interpretation of Results.....	9
III. Nursing Home Conditions in the District of Columbia	9
A. Prevalence of Violations	9
B. Prevalence of Violations Causing Actual Harm to Residents	10
C. Potential for Underreporting of Violations	10
IV. Documentation of Violations in the Inspection Reports	11
1. Failure to Provide Proper Medical Care	12
2. Failure to Prevent Falls and Accidents	14
1. Failure to Properly Prevent and Treat Pressure Sores.....	15
2. Mistreatment of Residents	16
3. Failure to Provide Adequate Nutrition.....	16
4. Other Violations	17
V. Conclusion.....	18

EXECUTIVE SUMMARY

Many families are becoming increasingly concerned about the conditions in nursing homes. Federal law requires that nursing homes “provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.” But recent studies by the U.S. General Accounting Office and others have indicated that many nursing homes fail to meet federal health and safety standards.

To address these growing concerns, Congresswoman Eleanor Holmes Norton asked the Special Investigations Division of the minority staff of the Committee on Government Reform to investigate the conditions in nursing homes in the District of Columbia. There are 21 nursing homes in Washington, D.C., that accept residents covered by Medicaid or Medicare. These homes serve over 2,800 residents. This is the first congressional report to evaluate their compliance with federal nursing home standards.

The report finds that there are serious deficiencies in many of the nursing homes in Washington, D.C. More than three-quarters of D.C. nursing homes violated federal health and safety standards during recent health department inspections. Moreover, 29% of D.C. nursing homes -- more than one out of every four nursing homes -- had violations that caused actual harm to residents.

A. Methodology

Under federal law, the U.S. Department of Health and Human Services contracts with the states and the District of Columbia to conduct annual inspections of nursing homes and to investigate nursing home complaints. These inspections assess whether nursing homes are meeting federal standards of care, such as preventing residents from developing pressure sores (commonly known as bed sores), providing sanitary living conditions, and protecting residents from accidents.

This report is based on an analysis of these inspections. It examines the most recent annual inspections of nursing homes in Washington, D.C., conducted from June 2000 to July 2001. In addition, the report examines the results of any complaint investigations conducted during this time period.

Because this report is based on recent inspections, the results are representative of current nursing home conditions in Washington, D.C., as a whole. However, conditions in individual homes can change. New management or enforcement activities can bring rapid improvement; other changes can lead to sudden deterioration. For this reason, the report should be considered a representative “snapshot” of overall conditions in D.C. nursing homes, not an analysis of current conditions in any specific home. At any individual nursing home, conditions could be better -- or worse -- today than when the most recent inspection was conducted.

B. Findings

Most D.C. nursing homes violated federal standards governing quality of care.

Nursing home inspectors consider a facility to be in full compliance with federal health and safety standards if no violations are detected during the annual inspection or complaint investigation. They consider a nursing home to be in “substantial compliance” with federal standards if the violations at the facility do not have the potential to cause more than minimal harm. Of the 21 nursing homes in Washington, D.C., only five facilities (24%) were found to be in full or substantial compliance with the federal standards. In contrast, 16 nursing homes (76%) had at least one violation with the potential to cause more than minimal harm to residents or worse. On average, each of these 16 nursing homes had 10.7 violations of federal quality of care requirements.

Several D.C. nursing homes had violations that caused actual harm to residents. Of the 21 nursing homes in Washington, D.C., six facilities -- more than one out of every four -- had a violation that caused actual harm to nursing home residents (see Figure 1). These deficiencies involved serious problems, such as improper medical care, preventable accidents, and untreated pressure sores. The six nursing homes with actual harm violations serve 851 residents and are estimated to receive over \$27 million each year in federal and D.C. funds.

An examination of the homes with significant violations showed serious care problems.

Representatives of nursing homes argue that the “overwhelming majority” of nursing homes meet government standards and that many violations are actually trivial in nature. To assess these claims, this report examined in detail the annual inspection reports from 13 nursing homes in Washington, D.C., that were cited for multiple, serious violations. The inspection reports for these homes documented that the actual harm violations cited by D.C. inspectors were for serious neglect and mistreatment of residents, including one violation that contributed to the death of a resident. Moreover, the inspection reports documented many other serious violations that would be of great concern to families, but were not classified as causing actual harm, indicating that serious deficiencies can exist at nursing homes cited for potential-to-harm violations.

I. GROWING CONCERNS ABOUT NURSING HOME CONDITIONS

Increasingly, Americans are facing difficult decisions about nursing homes. The decision to move a loved one into a nursing home raises very real questions about how the resident will be treated at the nursing home. Will the resident receive proper food and medical treatment? Will the resident be assisted by staff with basic daily activities, such as bathing and dressing? Will the resident be able to live out his or her life with dignity and compassion? These are all legitimate concerns -- and they are becoming more common as America ages.

In 1966, there were 19 million Americans 65 years of age and older.¹ That figure has now risen to 34.9 million Americans, 13% of the population.² By 2030, the number of Americans aged 65 and older will increase to 70.3 million, 20% of the population.³

This aging population will increase demands for long-term care. There are currently 1.5 million people living in more than 17,000 nursing homes in the United States.⁴ The Department of Health and

¹Health Care Financing Administration, *Medicare Enrollment Trends, 1966-1998* (available at <http://www.hcfa.gov/stats/enrltrnd.htm>).

²U.S. Census Bureau, *Resident Population Estimates of the United States by Age and Sex: April 1, 1990 to July 1, 1999, with Short-Term Projections to November 1, 2000* (Jan. 2, 2001).

³U.S. Census Bureau, *Projections of the Total Resident Population by 5-Year Age Groups and Sex with Special Age Categories: Middle Series 2025-2045* (Dec. 1999).

⁴American Health Care Association, *Facts and Trends: The Nursing Facility Sourcebook*,

Human Services (HHS) has estimated that 43% of all 65 year olds will use a nursing home at some point during their lives.⁵ Of those who do need the services of a nursing home, more than half will require stays of over one year, and over 20% will be in a nursing home for more than five years. By 2050, the total number of nursing home residents is expected to quadruple from the current 1.5 million to 6.6 million.⁶

15 (2001).

⁵HCFA Report to Congress, *Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System*, §1.1 (July 21, 1998).

⁶*Facts and Trends*, *supra* note 4, at vii.

Most nursing homes are run by private for-profit companies. Of the 17,000 nursing homes in the United States, over 11,000 (65%) are operated by for-profit companies. In the 1990s, the nursing home industry witnessed a trend toward consolidation as large national chains bought up smaller chains and independent homes. As of December 1999, the six largest nursing home chains in the United States operated 2,241 facilities with over 266,000 beds.⁷

Through the Medicaid and Medicare programs, the federal government is the largest payer of nursing home care. Under the Medicaid program, a jointly funded, federal-state health care program for the needy, all nursing home and related expenses are covered for qualified individuals. Under the Medicare program, a federal program for the elderly and certain disabled persons, skilled nursing services are partially covered for up to 100 days. In 2001, it is estimated that federal, state, and local governments spent \$61.2 billion on nursing home care, of which \$46.8 billion was from Medicaid payments (\$29 billion from the federal government and \$17.8 billion from state governments) and \$12.1 billion from federal Medicare payments. Private expenditures for nursing home care were estimated to be \$38.1 billion (\$31 billion from residents and their families, \$5.2 billion from private insurance policies, and \$1.9 billion from other private funds).⁸ The overwhelming majority of nursing homes in the United States receive funding through either the Medicaid program or the Medicare program, or both.

Under federal law, nursing homes that receive Medicaid or Medicare funds must meet federal standards of care. Prior to 1987, these standards were relatively weak: they focused on a home's

⁷Aventis Pharmaceuticals, Managed Care Digest Series 2000 (available at <http://www.managedcaredigest.com/is2000/is2000.html>).

⁸All cost projections come from: HCFA, *Nursing Home Care Expenditures and Average Annual Percent Change, by Source of Funds: Selected Calendar Years 1970-2008* (available at <http://www.hcfa.gov/stats/NHE-Proj/proj1998/tables/table14a.htm>).

ability to provide adequate care, rather than on the level of care actually provided. In 1986, a landmark report by the Institute of Medicine found widespread abuses in nursing homes.⁹ This report, coupled with national concern over substandard conditions, led Congress to pass comprehensive legislation in 1987 establishing new standards for nursing homes. This law requires nursing homes to “provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”¹⁰

Implementing regulations were promulgated by HHS in 1990 and 1995. The 1987 law and the implementing regulations limit the use of physical and chemical restraints on nursing home residents. They require nursing homes to prevent pressure sores, which are painful wounds or bruises, caused by pressure or friction, that can become infected. They also establish other safety and health standards for nursing homes, such as requiring that residents are properly cleaned and bathed, receive appropriate medical care, and are supervised to prevent falls and accidents. The regulatory requirements are codified at 42 C.F.R. Part 483.

⁹Committee on Nursing Home Regulation, Institute of Medicine, *Improving the Quality of Care in Nursing Homes* (1986). The IOM report concluded: “[I]ndividuals who are admitted receive very inadequate -- sometimes shockingly deficient -- care that is likely to hasten the deterioration of their physical, mental, and emotional health. They are also likely to have their rights ignored or violated, and may even be subject to physical abuse.” *Id.* at 2-3.

¹⁰42 U.S.C. §1396r(b)(2).

Recently, investigators have begun to examine whether nursing homes are meeting the requirements of the 1987 law and its implementing regulations. The results have not been encouraging. Certain abusive practices documented by the Institute of Medicine in 1986, such as the improper use of physical restraints and anti-psychotic drugs, have been reduced.¹¹ But health and safety violations appear to be widespread. In a series of 1999 reports, the U.S. General Accounting Office (GAO), an investigative arm of Congress, found that “more than one-fourth of the homes had deficiencies that caused actual harm to residents or placed them at risk of death or serious injury”;¹² that these incidents of actual harm “represented serious care issues . . . such as pressure sores, broken bones, severe weight loss, and death”;¹³ and that “[s]erious complaints alleging that nursing home residents are being harmed can remain uninvestigated for weeks or months.”¹⁴

¹¹The percent of residents in physical restraints dropped from 38% in 1987 to 15% in 1998; the percent of residents being administered anti-psychotic drugs dropped from 33% to 16% during the same time period. Testimony of Michael Hash, Deputy Administrator of HCFA, before the Senate Special Committee on Aging (July 28, 1998).

¹²GAO, *Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards*, 3 (March 1999).

¹³GAO, *Nursing Homes: Proposal to Enhance Oversight of Poorly Performing Homes Has Merit*, 2 (June 1999).

¹⁴GAO, *Nursing Homes: Complaint Investigation Processes Often Inadequate to Protect Residents*, 2 (March 1999).

Other researchers have reached similar conclusions. In July 1998, Professor Charlene Harrington of the University of California-San Francisco, a leading nursing home expert, found that the current level of nursing home staffing is “completely inadequate to provide care and supervision.”¹⁵ In March 1999, the inspector general of HHS found an increasing number of serious deficiencies relating to the quality of resident care.¹⁶ And in July 2000, HHS reported that the quality of care in many nursing homes may be “seriously impaired” by inadequate staffing.¹⁷

In light of the growing concern about nursing home conditions, Congresswoman Norton asked the Special Investigations Division of the minority staff of the Government Reform Committee to investigate the prevalence of health and safety violations in nursing homes in Washington, D.C. This report presents the results of this investigation. It is the first congressional report to comprehensively investigate nursing home conditions in Washington, D.C.

II. METHODOLOGY

To assess the conditions in D.C. nursing homes, this report analyzed three sets of data: (1) the Online Survey, Certification, and Reporting (OSCAR) database maintained by HHS, which compiles the results of nursing home inspections; (2) the nursing home complaint database maintained by HHS, which contains the results of complaint investigations; and (3) D.C. inspection reports from 13 nursing homes cited for multiple, serious violations.

A. Determination of Compliance Status

Data on the compliance status of D.C. nursing homes come from the OSCAR database and the complaint database. These databases are compiled by the Health Care Financing Administration (HCFA), a division of HHS. HCFA contracts with the states and the District of Columbia to conduct annual inspections of nursing homes and to respond to nursing home complaints. During these inspections and investigations, the inspection team interviews a sample of residents, staff members, and family members. The inspection team also reviews a sample of clinical records. Violations of federal standards observed by the inspectors are cited by the inspection team, reported by the states to HCFA, and compiled in the OSCAR and complaint databases.¹⁸

¹⁵Testimony of Charlene Harrington before the Senate Special Committee on Aging (July 28, 1998).

¹⁶HHS Office of Inspector General, *Nursing Home Survey and Certification: Deficiency Trends* (March 1999).

¹⁷HHS, *Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes*, E.S.-5 (Summer 2000).

¹⁸In addition to tracking the violations at each home, the OSCAR database compiles the

The OSCAR and complaint databases use a ranking system in order to identify the violations that pose the greatest risk to residents. The rankings are based on the severity (degree of actual harm to residents) and the scope (the number of residents affected) of the violation. As shown in Table 1, each violation is given a letter rank, A to L, with A being the least serious (an isolated violation that poses minimal risks to residents) and L being the most serious (a widespread violation that causes or has the potential to cause death or serious injury). Homes with violations in categories A, B, or C are considered to be in “substantial compliance” with the law. Homes with violations in categories D, E, or F have the potential to cause “more than minimal harm” to residents. Homes with violations in categories G, H, or I are causing “actual harm” to residents. And homes with violations in categories J, K, or L are causing (or have the potential to cause) death or serious injury to residents.

Table 1: HCFA's Scope and Severity Grid for Nursing Home Violations

Severity of Deficiency	Scope of Deficiency		
	<i>Isolated</i>	<i>Pattern of Harm</i>	<i>Widespread Harm</i>
Potential for Minimal Harm	A	B	C
Potential for More Than Minimal Harm	D	E	F
Actual Harm	G	H	I
Actual or Potential for Death/Serious Injury	J	K	L

To assess the compliance status of D.C. nursing homes, this report analyzed the OSCAR database to determine the results of the most recent annual inspection of each nursing home in Washington, D.C. These inspections were conducted between June 2000 and July 2001. In addition, the report analyzed the complaint database to determine the results of any nursing home complaint

following information about each home: the number of residents and beds; the type of ownership (*e.g.*, for-profit or nonprofit); whether the home accepts residents on Medicare and/or Medicaid; and the characteristics of the resident population (*e.g.*, number of incontinent residents, number of residents in restraints). To provide public access to this information, HCFA maintains a website (<http://www.medicare.gov/nhcompare/home.asp>) where the public can obtain data about individual nursing homes.

investigations that were conducted during this same time period. Following the approach used by GAO in its reports on nursing home conditions, this report focused primarily on violations ranked in category G or above. These are the violations that cause actual harm to residents or have the potential to cause death or serious injury.

B. Analysis of Health Department Inspection Reports

In addition to analyzing the data in the OSCAR and complaint databases, this report analyzed a sample of the actual inspection reports prepared by inspectors of D.C. nursing homes. These inspection reports, prepared on a HCFA form called “Form 2567,” contain the inspectors’ documentation of the conditions at the nursing home.

The Special Investigations Division selected for review the inspection reports from 13 nursing homes that were cited for multiple, serious violations. For each of these homes, the most recent inspection report was obtained from the D.C. Department of Health. For several of these nursing homes, the Special Investigations Division also obtained reports of other inspections and investigations conducted by the D.C. Department of Health over the past two years. These reports were then reviewed to assess the severity of the violations documented by nursing home inspectors.

C. Interpretation of Results

The results presented in this report are representative of current conditions in D.C. nursing homes as a whole. In the case of any individual home, however, current conditions may differ from those documented in the most recent inspection report, especially if the report is more than a few months old. Nursing home conditions can change over time. New management or enforcement activities can rapidly improve conditions; other changes can lead to sudden deterioration. According to GAO, many nursing homes with serious deficiencies exhibit a “yo-yo pattern” of noncompliance and compliance: after a home is cited for deficiencies, it briefly comes into compliance to avoid fines or other sanctions, only to slip into noncompliance after the threat of sanctions is removed.¹⁹

For this reason, this report should be considered a representative “snapshot” of nursing home conditions in Washington, D.C. It is not intended to be -- and should not be interpreted as -- an analysis of current conditions in any individual nursing home.

The report also should not be used to compare violation rates in D.C. nursing homes with violation rates in other locations. Data regarding violation rates comes from state inspections that can vary considerably from state to state in their thoroughness and ability to detect violations. According to

¹⁹GAO, *Nursing Homes: Additional Steps Needed*, *supra* note 12, at 12-14.

GAO, “[c]onsiderable inter-state variation still exists in the citation of serious deficiencies.”²⁰

III. NURSING HOME CONDITIONS IN THE DISTRICT OF COLUMBIA

There are 21 nursing homes in Washington, D.C., that accept residents whose care is paid for by Medicaid or Medicare. These nursing homes have 3,127 beds that were occupied by 2,849 residents during the most recent round of annual inspections. The majority of these residents, 2,350, rely on Medicaid to pay for their nursing home care. Medicare pays the cost of care for 208 residents. Twenty-nine percent of the 21 nursing homes in D.C. are private, for-profit nursing homes.

The results of this investigation indicate that the conditions in these nursing homes often fall substantially below federal standards. Many residents are not receiving the care that their families expect and that federal law requires.

A. Prevalence of Violations

Less than one out of every four D.C. nursing homes was found to be in full or substantial compliance with federal standards of care. Only two of the 21 homes met all federal health and safety requirements. Another three nursing homes were in substantial compliance with federal standards, meaning that they were cited only for deficiencies that posed a minimal risk of harm to residents. The rest of the nursing homes in Washington, D.C. -- 16 out of 21 -- had at least one violation that had the potential to cause more than minimal harm to their residents or worse. Table 2 summarizes these results.

Table 2: D.C. Nursing Homes Were Cited for Numerous Violations that Placed Residents at Risk

Most Severe Violation Cited by Inspectors	Number of Homes	Percent of Homes	Number of Residents
Complete Compliance (No Violations)	2	10%	217
Substantial Compliance (Risk of Minimal Harm)	3	14%	467
Potential for More than Minimal Harm	10	48%	1,314
Actual Harm to Residents	6	29%	851
Actual or Potential Death/Serious Injury	0	0%	0

Many nursing homes had multiple violations. D.C. inspectors found a total of 171 violations in facilities that were not in complete or substantial compliance with federal requirements, an average of 10.7 violations per noncompliant home.

²⁰GAO, *Nursing Homes: Sustained Efforts Are Essential to Realize Potential of the Quality Initiatives*, 16 (Sept. 2000).

B. Prevalence of Violations Causing Actual Harm to Residents

According to the GAO, some of the greatest safety concerns are posed by nursing homes with violations that cause actual harm to residents. These are facilities with violations ranked at the G-level or above. As shown in Table 2, six D.C. nursing homes had violations that fell into this category. In total, 29% of the nursing homes in Washington, D.C., caused actual harm or worse to residents. These six nursing homes serve a total of 851 residents and are estimated to receive over \$27 million in federal and state funds each year.

C. Potential for Underreporting of Violations

The report's analysis of the prevalence of nursing home violations was based in large part on the data reported to HCFA in the OSCAR database. According to GAO, even though this database is "generally recognize[d] . . . as reliable," it may "understate the extent of deficiencies."²¹ One problem, according to GAO, is that "homes could generally predict when their annual on-site reviews would occur and, if inclined, could take steps to mask problems otherwise observable during normal operations."²² A second problem is that state inspectors often miss significant violations. A recent GAO report found that when federal inspectors inspect nursing homes after state inspectors, the federal inspectors find more serious care problems than the state inspectors in 70% of the nursing homes. The federal inspectors also find many more violations of federal health and safety standards.²³ Consequently, the prevalence of violations causing potential or actual harm may be higher than what is reported in this study.

IV. DOCUMENTATION OF VIOLATIONS IN THE INSPECTION REPORTS

Representatives of the nursing home industry have alleged that the actual harm violations cited by state inspectors are often insignificant. The American Health Care Association (AHCA), which represents for-profit nursing homes, has stated that the "overwhelming majority of nursing facilities in America meet or exceed government standards for quality."²⁴ AHCA also claims that deficiencies cited by inspectors are often "technical violations posing no jeopardy to residents" and that the current

²¹GAO, *Nursing Homes: Additional Steps Needed*, *supra* note 12, at 30.

²²GAO, *California Nursing Homes: Care Problems Persist Despite Federal and State Oversight*, 4 (July 1998).

²³*Nursing Homes: Sustained Efforts Are Essential to Realize Potential of the Quality Initiatives*, *supra* note 20, at 43.

²⁴Statement of Linda Keegan, Vice President, AHA, regarding Senate Select Committee on Aging Forum: "Consumers Assess the Nursing Home Initiatives" (Sept. 23, 1999).

inspection system “has all the trademarks of a bureaucratic government program out of control.”²⁵ As an example of such a technical violation, AHCA has claimed that the cancellation of a painting class would constitute a serious deficiency.²⁶

²⁵AHCA Press Release, *AHCA Responds to Release of General Accounting Office Study on Enforcement* (March 18, 1999).

²⁶Letter from Sen. Charles E. Grassley to William Scanlon (GAO), 1 (May 27, 1999).

At the national level, these assertions have proven to be erroneous. In response to AHCA's criticisms, GAO undertook a review of 201 random actual harm violations from 107 nursing homes around the country. GAO found that nearly all of these deficiencies posed a serious harm to residents. Of the 107 homes surveyed, 98% were found to have a deficiency that caused actual harm, including "pressure sores, broken bones, severe weight loss, burns, and death."²⁷ GAO found that many of the deficiencies affected multiple residents and that two-thirds of these homes had been cited for violations that were as severe as or even more severe in previous or subsequent annual inspections.²⁸

This report undertook a similar analysis at the local level. To assess the severity of violations at D.C. nursing homes, the Special Investigations Division examined the annual inspection reports for 13 nursing homes with multiple, serious violations. These inspection reports showed that the actual harm violations cited by D.C. inspectors involved numerous examples of serious neglect and mistreatment of residents. Moreover, the inspection reports documented many other serious violations that would be of great concern to families, but were not classified as causing actual harm, indicating that serious deficiencies can exist at nursing homes cited for potential-to-harm violations.

The following discussion summarizes some examples of the violations documented in the inspection reports.

1. Failure to Provide Proper Medical Care

A serious violation often cited in D.C. nursing homes was the failure to provide necessary medical care. In the inspection reports reviewed by the Special Investigations Division, D.C. nursing homes were cited for a wide range of medical errors, including ignoring obvious warning signals, improperly administering medications, and failing to provide required treatments and therapy.

In the most serious case, D.C. inspectors cited a nursing home for failing to adequately monitor a resident suffering from hypertension, lung disease, colitis, and a stroke. After the resident underwent outpatient surgery and was returned to the nursing home, the resident's blood pressure was observed to be low, and the resident vomited, was "very restless," and was "moaning and groaning." Nevertheless, there was no documentation that a nursing assessment was conducted of the resident for 12 hours, and

²⁷GAO, *Nursing Homes: Proposal to Enhance Oversight*, *supra* note 13, at 2.

²⁸*Id.* at 6. A subsequent GAO study in August 1999 examined several examples provided by AHCA of serious deficiencies cited by state inspectors that AHCA asserted were of questionable merit. For those deficiencies which it had sufficient facts to analyze, GAO concluded that the regulatory actions taken against these homes were merited. The GAO report stated: "In our analysis of the cases that AHCA selected as 'symptomatic of a regulatory system run amok,' we did not find evidence of inappropriate regulatory actions." Letter from Kathryn G. Allen (GAO) to Sen. Charles E. Grassley, 2 (Aug. 13, 1999).

there was no evidence that the resident's vital signs were checked for 24 hours. The resident was found nonresponsive soon thereafter and was pronounced dead.²⁹

²⁹HCFA Form 2567 for Nursing Home Inspected on Feb. 24, 2000 (D-level violation).

D.C. nursing home inspectors found several examples of facilities giving residents the wrong dosages of medications or completely failing to provide needed medications, including pain medications.³⁰ For example:

- A resident received no pain medication for days after she complained of left hip pain, even though she was observed “screaming” when her leg was moved. An x-ray subsequently revealed a fractured femur.³¹
- At a second facility, D.C. inspectors examined the records of 18 insulin dependent diabetic residents and found that 13 records had “incomplete documentation, incorrect dosing, missed doses, and/or unauthorized discontinuation of treatment.” In one case, inspectors found that a diabetic resident suffered a hypoglycemic episode, including prolonged unresponsiveness, because the facility failed to follow standard procedure and ensure that the resident was fed after receiving insulin.³²

D.C. inspectors also found that nursing homes were not monitoring the side effects of medications taken by residents. For example, one facility failed to monitor a resident taking an anticoagulant drug that can cause bleeding. The resident was subsequently hospitalized for left knee pain and swelling, which was diagnosed as hemarthrosis, or blood in the joint.³³

³⁰HCFA Form 2567 for Nursing Home Inspected on Dec. 14, 2000 (D-level violation); HCFA Form 2567 for Nursing Home Inspected on Aug. 16, 2000 (B-level violation).

³¹HCFA Form 2567 for Nursing Home Inspected on Feb. 2, 2001 (G-level violation).

³²HCFA Form 2567 for Nursing Home Inspected on Aug. 5, 2000 (E-level and G-level violations).

³³HCFA Form 2567 for Nursing Home Inspected on Jan. 10, 2001 (G-level violation).

Other nursing homes were cited for not providing prompt medical care to residents. For example, one resident whose chest x-ray revealed pneumonia did not receive any medication for over 17 hours because his physician did not respond to the nursing home's repeated phone calls.³⁴ At another facility, a resident's swollen and bruised hand was not treated for almost 24 hours because the facility did not immediately notify the physician of x-ray results indicating that the hand was fractured.³⁵

D.C. nursing homes were also cited for failing to provide necessary therapeutic devices to residents or failing to assist residents in obtaining vision and hearing services:

³⁴HCFA Form 2567 for Nursing Home Inspected on Dec. 1, 2000 (D-level violation).

³⁵HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (D-level violation).

- Residents at D.C. facilities were observed without splints and slings ordered by physicians.³⁶
- Another facility failed to arrange a hearing evaluation for a resident whose communication skills were “negatively impacted by her poor hearing,” even though a physician had requested a hearing test over four months earlier.³⁷
- At one facility, D.C. inspectors found a resident had not been provided with glasses over a month and a half after a physician had prescribed the glasses.³⁸

One possible reason for some D.C. nursing homes not providing proper medical care is the lack of adequately trained and credential staff. One nursing home used contract employees, who inspectors found had not been properly trained and thus made errors in the administration of medications.³⁹ Other facilities were cited for not having properly licensed or credentialed pharmacists and dietitians.⁴⁰

³⁶HCFA Form 2567 for Nursing Home Inspected on Apr. 27, 2001 (D-level violation); HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (D-level violation).

³⁷HCFA Form 2567 for Nursing Home Inspected on Sept. 7, 2000 (D-level violation).

³⁸HCFA Form 2567 for Nursing Home Inspected on Feb. 1, 1999 (B-level violation).

³⁹HCFA Form 2567 for Nursing Home Inspected on Aug. 16, 2000 (B-level violation).

⁴⁰HCFA Form 2567 for Nursing Home Inspected on Apr. 28, 2000 (C-level violation); HCFA Form 2567 for Nursing Home Inspected on Sept. 10, 1999 (C-level violation); HCFA Form 2567 for Nursing Home Inspected on June 18, 1999 (E-level violation).

B. Failure to Prevent Falls and Accidents

Preventable falls and accidents were another common type of violation documented in the inspection reports of D.C. nursing homes.⁴¹ These violations are serious because falls and other accidents can result in severe injuries, such as broken or fractured bones or skin lacerations.

⁴¹HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (D-level violation); HCFA Form 2567 for Nursing Home Inspected on July 23, 1999 (D-level violation).

At one nursing home, a resident fell while getting out of bed, suffering a left hip fracture and a head laceration that required stitches. Inspectors found that the facility had failed to adequately supervise the resident even though the resident was known to have “unsteady gait” and limited range of motion in one leg.⁴²

At another nursing home, a resident with impaired cognitive skills had a history of falls, two of which occurred when the resident fell forward out of her chair and another of which resulted in a “swollen black left eye.” Although a physician had requested that the resident be given a reclining chair to prevent future falls, D.C. inspectors found that the resident still had a broken chair five months later that would not lock in a reclining position.⁴³

Residents were also injured while being transferred by staff members. At one facility, a resident suffered a “deep gash” on her right leg while being transferred to her wheelchair. The resident was sent to a hospital and received 14 stitches.⁴⁴

3. Failure to Properly Prevent and Treat Pressure Sores

A frequently cited violation in D.C. nursing homes involved the failure to treat or prevent pressure sores. Pressure sores are open sores or bruises on the skin (usually on the hips, heels, buttocks, or bony areas) which result from friction or pressure on the skin. Not only are pressure sores painful, but they can lead to infection, increased debilitation, damage to muscle and bone, and even death. According to nursing home experts, good nursing care can often prevent pressure sores through simple precautions, such as regular cleanings, special diets, application of ointments and dressings, and frequent turning of residents to relieve pressure on one part of the body.

D.C. nursing home inspectors found a variety of violations involving untreated or poorly treated pressures. Several facilities were cited for not regularly assessing the progress of pressure sores and providing appropriate treatments and diets to at-risk residents.⁴⁵ For example, a resident at one facility developed a severe pressure sore that worsened over two months until it was over two inches deep. Even though the sore had bloody drainage and a “foul odor,” inspectors found that the facility failed to provide proper treatment, including not providing additional vitamins and protein to the resident to promote healing of the wound. The resident had to be transferred to the hospital for surgical removal of

⁴²HCFA Form 2567 for Nursing Home Inspected on Oct. 7, 1999 (D-level violation).

⁴³HCFA Form 2567 for Nursing Home Inspected on March 2, 2001 (D-level violation).

⁴⁴HCFA Form 2567 for Nursing Home Inspected on Feb. 2, 2001 (D-level violation).

⁴⁵HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (E-level violation); HCFA Form 2567 for Nursing Home Inspected on June 18, 1999 (B-level violation).

the sore, as well as the surrounding tissue, muscle, and bone.⁴⁶

⁴⁶HCFA Form 2567 for Nursing Home Inspected on Sept. 7, 2000 (G-level violation).

At another facility, a resident had two severe pressure sores on her buttock and pelvis that were “saturated with purulent dressing.” The sore on the pelvis measured 3.1 inches by 3.5 inches. Another resident had a large pressure sore on her ankle that “appeared to have tendon partially exposed.”⁴⁷

D. Mistreatment of Residents

D.C. inspectors found that several nursing homes failed to take adequate steps to prevent the mistreatment of residents. For example, facilities were cited for not properly investigating and reporting suspicious injuries suffered by residents, including a hip fracture and a black eye.⁴⁸ One nursing home failed to take measures to prevent a male resident from sexually harassing a female resident, including exposing himself to the female resident.⁴⁹

Inspectors observed the staff at another facility roughly transferring a resident from her wheelchair to her bed “in [a] manner that could have caused injury.” Two staff members lifted the resident, “hitting her hip and thigh on the arm of the wheelchair. . . . The resident was then thrown over the wheelchair arm onto the bed at which time her left arm was pinned under her.”⁵⁰

E. Failure to Provide Adequate Nutrition

Several D.C. nursing homes were cited for not ensuring that residents received enough food. For example, inspectors found that facilities failed to adequately address the nutritional needs of their residents, particularly those residents who had experienced weight loss.

⁴⁷HCFA Form 2567 for Nursing Home Inspected on Apr. 27, 2001 (D-level violation).

⁴⁸HCFA Form 2567 for Nursing Home Inspected on Feb. 4, 2000 (D-level violation); HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (D-level violation).

⁴⁹HCFA Form 2567 for Nursing Home Inspected on Feb. 2, 2001 (C-level violation).

⁵⁰HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (D-level violation).

For example, one resident's weight dropped nearly 10% to 88 lbs. in one month, yet the resident was observed being fed only a plate of pureed of chicken soup for dinner because the kitchen had run out of the entree. At the same nursing home, inspectors found several residents whose weight changed more than 10% a month, yet the facility failed to reweigh the residents or otherwise determine the reason for the weight change.⁵¹

⁵¹HCFA Form 2567 for Nursing Home Inspected on Aug. 5, 2000 (B-level and D-level violations).

D.C. nursing home inspectors also found instances in which residents were not being given proper assistance to eat their meals. At one facility, inspectors observed a blind resident with limited use of both arms and hands being forced to eat her food “by placing her mouth to her plate and using her tongue to maneuver the food into her mouth.” When the inspector asked the resident why she was eating in this manner, the resident said, “I wanted to eat my food before it gets cold.” Four nurse aides were observed in the dining room, including two aides who were engaged in conversation, yet no one assisted the resident.⁵²

At another nursing home, a resident whose teeth had been extracted nine months earlier still did not have dentures, even though his dentist had stated that the resident was unable to eat without dentures. D.C. inspectors found that the facility had not even submitted the appropriate paperwork to Medicaid for the dentures until five months after the resident’s teeth were extracted.⁵³

F. Other Violations

Other incidents cited by D.C. inspectors, while not causing obvious physical harm, reveal the sometimes indifferent attitude shown by nursing homes towards their residents by nursing homes. For example, inspectors noticed that the staff at one facility failed to assist a “frequently incontinent” resident who had a “strong urine odor.”⁵⁴ At another facility, inspectors observed residents with dried food on their faces, “a thick, yellow-colored secretion extending from a right corner of the mouth to the chin,” and soiled clothing for hours. Although staff members were frequently in the vicinity of the residents, no attempt was made to clean the residents.⁵⁵

D.C. inspectors also cited nursing homes for failing to protect the privacy and dignity of

⁵²HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999 (E-level violation).

⁵³HCFA Form 2567 for Nursing Home Inspected on May 26, 2000 (D-level violation).

⁵⁴HCFA Form 2567 for Nursing Home Inspected on Feb. 4, 2000 (B-level violation).

⁵⁵HCFA Form 2567 for Nursing Home Inspected on Apr. 27, 2001 (E-level violation).

residents. At several facilities, residents' genitals, buttocks, diapers, and urinary catheters were exposed to passersby in the hallway.⁵⁶

⁵⁶HCFA Form 2567 for Nursing Home Inspected on Feb. 4, 2000 (B-level violation); HCFA Form 2567 for Nursing Home Inspected on Aug. 6, 1999.

Nursing homes in D.C. were also cited for violations relating to financial irregularities. D.C. inspectors found that facilities failed to have adequate insurance to protect against potential losses in the personal funds of residents that were being held by the facilities. For example, one facility maintained \$60,000 in surety bond coverage to insure against potential losses, yet held resident funds in excess of \$100,000.⁵⁷ At another facility, residents were asked to sign billing sheets to pay for beauty shop and barber services that did not list the cost of the services provided, and thus residents did not know how much they were being charged.⁵⁸

V. CONCLUSION

The 1987 nursing home law was intended to stop abuses in nursing homes by establishing stringent federal standards of care. Although the law and its implementing regulations require appropriate standards of care, compliance by D.C. nursing homes has been poor. This report reviewed the OSCAR and complaint databases and a sample of actual inspection reports. The same conclusion emerges from both analyses: many nursing homes in Washington, D.C., are failing to provide the care that the law requires and that families expect.

⁵⁷HCFA Form 2567 for Nursing Home Inspected on Dec. 14, 2000 (C-level violation).

⁵⁸HCFA Form 2567 for Nursing Home Inspected on Sept. 10, 1999 (C-level violation).